The correct age

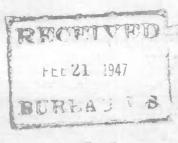
MARYLAND STATE DEPARTMENT OF HEALTH

, 2411 N. Charles St., Baltimore 9400

CERTIFICATE OF DEATH

1)2143500 Reg. Dist. No. 3500

1. PLACE OF DEATH:	(For dewhorn infants give residence of mother)
County	IMA, Morrester
City or town (If outside city or town limits, write RURAL and give resrest town)	State County County
How long in above place of death? The Theart	City or town
Hospital, Institution, or street address where dia hoccurred	Street No. 811 Walnut Street
811 Walnut Shell	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3.(a) FULL NAME	3. (b) Social Security Number
(1) Alyana P. Boa	uchamps
4. Sex 5. Color or race 6.(a) Single, making widowed, or divorced	MEDICAL CERTIFICATION
Male Mile Michael	20. DATE OF DEATH 15 19 47, 21 9 45 PM
Huggie Blanch	21. I CERTIFY that death occurred on the date above stated; that at anded deceased from
6.(b) Namo of husband or wife.	Jan 25th 447 10 del-94 167
5.(c) If alive, give age years	and that I last saw h the allive on the the the 19 47
7. Birth date of deceased (mo., day, yr.) Operil 14, 1865	
8. AGE: Years Months Days If less than one day	Imprediate cause of depth Sunation
8/ 10 2hrsmin.	of Jeach
9. Birthplace Worcester County-Maryland	Due to De Trans
Mail Canal	
10. Usual occupation.	Due to
11. Industry or business	
12. Name Leven W. Blauchamp	Other conditions
12. Name Lever W. Seletcharmet	
	(Include pregnancy within 3 months of death)
14. Maiden name. Sallie Holland. 15. Birthplace Worcester County, Md	Major findings of operations.
\$ 15. Birthplace Worcesler County, MA	Date of op.
16. Informant mrs. margaret wood	Autopsy results
p les let mil	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Pocompte con 17th	22. VIOLENCE: If death was due to external causes, fill in the following:
17. Bural Date thereof. Land 8./9%	Accident, suicide, or homicide
(Burlal, cremation, or removal. Which?) (month) (day) (year)	Where did injury occur?
Gemetery or crematory	
Location Formulae City Md.	Injured at home, farm, Industry, public place (where?)
11 blanca Read Alace	Meens of Injury Injured at work?
18. Funeral director	
Address Poromotie Way mol	23/SIGNATURE DIX arlows
7. 19 12 / / / / / / / / / / / / / / / / / /	M. D. or other
(Date rec'd by registrar) Registrar	Address Orphole Un abie signed of Dis-



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important.

PLEASE WRITE PLAINLY, is especially

A15

VS

1. PLACE OF DEATH:

How long in above place of death?

How long in hospital or institution?... 3. (a) FULL NAME

6.(b) Name of husband or

1D. Usual occupation.

15. Birthplace

Location A 18. Funeral director

Address

(Burial, cremation, or removal, Which?)

Cemetery or crematory Elenee

Years

7. Birth date of deceased (mo., day, yr.)

8. AGE:

4. Sex

Hospital, Institution, or street address where death occurred:

5. Color or race

Months

(If outside city or town limits, write RURAL and give

E.(a) Single, married, widowed,

6,(c) It alive, give age .

Days

Date thereof MILL

(month)

If less than one

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 4.7



	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
	State of the county Albarleader	
arest town)	11.00	
2	(If outside city or town limits, write RURAL and give nesres	t town)
-40	Street No. 1 Raas	
	(If rurn), give LOCATION)	
	2.(a) It veteran, name war.	
	3. (b) Social Security Nu	mber
	no	
r divorced	MEDICAL CERTIFICATION	
	20. DATE OF DEATH. 15 Fell 19. KD 21	64.24
-	21. I CERTIFY that death occurred on the date above stated; that I altended decease	
1	21. I CERTIFY that death occurred on the date above stated; that I alterned decease	\ \
years	and that I last saw h	19
24		19. 7
lay	Immediate cause of death Chyclinomic	DURATION
min.	2 lacture	
Fills.		2
	Due to	120
	Oue to	
	Other conditions	
	(Include pregnancy within 3 months of death)	
	Major findings of operatious	
1	Dale ot op.	
	Autopsy results	
•	PHYSICIAN: Please underline the cause to which death should be charged sta	tistically.
9-1947	22. VIOLENCE: It death was due to external causes, till in the tollowing:	
day) (year)	Accident, suicide, or homicide	
	Where did injury occur?	State)
	Injured at home, farm, industry, public place (where?)	
	Means of Injury Injured at work?	
• • • • • • • • • • • • • • • • • • • •	7 / 1	À
	23 SIGNATURE / Learnance Kable	les
The	M. D. or	other
Registrer	Address Seelen, her Date signed !!	Fel Xy
- AB	The state of the s	



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (B)-6)



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	17	Post	1

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town on the Oct of the limits, write RURAL and give nearest town)	State County Manual County Man
How long in above place of death? Quantil 29 years	(if outside city or town limits, write RURAL and give nearest town)
Hospitat, Institution, or street address where death occurred:	Sireef No.
	(if rurs), give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
James O. Coples	no
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male a.a. Married	20. DATE DE DEATH February 18 1947 216: 30 Am
an month of the Lookes	21. I CERTIFY that death occurred on the date bove stated; that I aftended deceased from
6.(b) Name of husband or wife and the state of the state	March 15 19 46 10 Acb 18 1941
7. Birth date of	and that I last saw home alive on Feb 17.
deceased (mo., day, yr.) about 1883	Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day	Peressa Vascular accident 7 01/25
about 64 affars	
9. Birtholace Mulhams na.	Busto My perfersone (andis Viscular
9. Birthplace Malhan The A. (Town, county, and state)	Trus sendone 10415.
10. Usual occupation 11. Assistan	
	Due to
12. Name I lage lefter 13. Birthplace Whitham 6 u.a.	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Carpline Braadwater. 15. Birthplage Wilhoms ne a	(Include pregnancy within 3 months of death) Major findings of operations
15. Birtholace / Williams med	Date of op.
Variable Varia	
16. Informant A Marian Company of the Company of th	Autopsy results
Address Snam Hill and	
17 Purial Date thereoff the 23-1947	22. VIOLENCE: If death was due to exfernal causes, fill in the following:
(Burial, cremation, or rannoval, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Alla Mulally	Where did Injury occur?
hor X and the	Injured at home, farm, Industry, public place (where?)
Location Control Contr	
18. Funeral director Assals A. Sell Ward	Means of injury Injured at work?
Address / Saleshury md	I when I Vallar Mr
19 28,9/ 1947 Re Dow Seruth	23. SIGNATURE M. D. or other M. D. or other 3.18.47

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 46

1. PLACE OF DEATH: MARIO	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infante give residence of mother)
County // // // County	" The wood included a second of the second o
City or lawn All Comake Lists	State County County
(If outside city or town limits, write RULAL and give nearest town)	City or town & Hallowsha Litt
How long in above place of death? 30 Hears	City or town (N outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street ¥0
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Omma Fr. Dans	none
4, Sei 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Jamale White Widowed	20. DATE OF DEAT TUBBURY 7 18.47 at 3 5
Jan / h	21. I CERJIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife	21. I CERTIFY that death occurred by the date above stated; that I alrended deceased from
S.(c) If alive, give ageyes	Movembre 8 1946 10 Feb. 7 194
7. Birth date of March 12 - 1880	and that I tast saw here alive on the little of the little
deceased (mo., day, y	Immediate cause of death
8. AGE: Years Months Days If tess than one day	Carringua of Stomach
66 10 25 mirs.	in with relationsis
March Can West	
9. Birthplace Mally (Town, county, and state)	Que to
1D. Usuat occupation Alle Management of the Usual occupation of the Usual occupation occ	Due to
11. Industry or business	
all 12 Name Lotin H Johnson	
E 12. dame	Other Conditions
	(Include pregnancy within 3 months of death)
14. Maiden name. Cotto Osphalletta 15. Birthplace May come	Major fiadings of operations
5/1/2	
35 15. Birthplace	Date of op.
16. laformant 113 th Market Dr. M.C. J. C.	Antopsy results.
Marco I Soit mil	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address fleonwhelly, life of	22. VIOLENCE: if death was due to external causes, fill in the following:
(Edrial, cremation, or paners). Which?) Date thereol	Accident, suicide, or homicide
(Edrial, cremation, or removed. Which?) (month) (day) (year)	
Cemetery or crematory	Where did injury occur?(City or town) (County) (Stato)
location Helpowed Little My	Injured at home, farm, industry, public place (where?)
Location Do 3	Means of Injury Injured at work?
18. Funeral director	
data Mall MIV	Tai I Jo di W
Address SMAN All Man To the Man T	23. SIGNATURE A CULO J. A CHURCH M. D. Or other
19. Feb. 10, 1947 anne Co Sthel	e 12-0-4
(Date rec'd by registrar) Registr	rar Address Couche up Date signed 2-5-7

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FEB 12 1947

Dr. Hedrich:

The attached certificate of death was delivered to me today by a messenger sent by the Undertaker, Mr. Clay E. Jennis. I do not know the reason for the delay. The permit was issued as of today. A. White

2/10/47

O.C. - Salis. Rd.

city in summer.

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9-45	

MARYLAND STATE DEPARTMENT OF HEALTH

1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (Engrewborn infants give residence of mother)
County	State DESaware County Dussey
(If outside city or town limits, write RURAL and give nearest town)	City or town mulsborn
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where deaty occurred:	Street No.
How long in hospital or institution?	(If rural, give LOCATION) 2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Cussel & Dennis	J. (b) Social Security Manuel
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white married	20. DATE OF DEATH. \$\frac{1}{2} \] 19 \(\frac{1}{2} \) 21 \(\frac{1}{2} \) \(\frac{1}{2} \) 31 \(\frac{1}{2} \) \(\frac{1}{2} \) 32 \(\frac{1}{2} \) 33 \(\frac{1}{2} \) 33 \(\frac{1}{2} \) 33 \(\frac{1}{2} \) 34 \(\frac{1}{2} \) 35 \(\frac{1}{2}
6.(b) Name of husband or wife Wilsia Lauris	21. I CERTIFY that death occurred on the date above etated; that I attended deceased from
6.(c) If alive, give age 2 4 years	
7. Birth date of deceased (mo., day, yr.) July 24 1915	and that I last saw halive on
8. AGE: Yeare Months Oays If leee than one day	Immediais cause of death.
31 6 8nrsmin.	Ar aus
(Asire De lin Day)	. Direct Que (Squi)
9. Birthplace (Town, county, and atate)	Oue to.
10. Veual occupation. Clarence raiser	Driver of car
11. Industry or businese ()	008 10
	Other conditions.
12. Name Lux A Lux	
	(Include pregnancy within 3 months of death)
1 5 h. 1 . 0 as 1	Major findings of operations.
ZI 15. Birthplace Leaves Liver Divers	Qate of op
16, Informant	Autopsy results
Address Address / Ma	22. VIOLENCE: If death was due to external causes, filly in the following:
17. Date thereol (month) (day) (year)	Accident, suicide, or homicide accedent Date of 2/1/47
TI TI A	Where did injury occur? Direction (County) (State)
Cemetery or crematory.	(City or town) (County) (State)
Location William Co.	Meane of injury ATTUER by Denuinjured at work?
18. Funeral director August H. (Bushay)	meane or ministration of the market of the m
Address Berlin had	123 SIGNATURE DELLA / Group Dep. Rus Evan.
1, 2. 4- 1, 47 then J. Hayward	M. D. or other
(Date rec'd by registrar) Registrar	Addrese Date signed 2

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upply every item of information carefully and write the causes of death clearly and

MARGIN RESERVED FOR BINDING PLAINLY, WITH UNFADING INK. is especially important. Physicians: pl

WRITE

PLEASE

VS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 48-6

02146

CERTIFICATE OF D

EATH	Reg. Diat. No. 3530
PRIDENCE /TTOBA	TO OF DECEACED

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County County	State Many County Worcesley
City or town. (If outside city or town limits, write RURAL and give nearest town)	12 in the second
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where deth occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or Institution?	2.(a) It veteran, name war
3.(a) FULL NAME Jennie Fassitt	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Temale Colone	20. DATE OF DEATH. Tel 26 1947, 21 9 A. N
Jestica 1 1 1 1	
6.(b) Name of husband or wife Charles Jassey	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(c) It alive, give age 66 years	19 4 to 10 7 lb 2 6 19 47
7. Birth date of	and that I last saw h. & alive on 7.4 25. 19.47
	Immediate cause of death
o. Aug.	Cas Crawing of willing E
60hrs,mln.	meltiple metus (4)
9. Birthplace Workestu (Town, county, and state)	Due to
10. Usual occupation.	Due to
11. Industry or business	
= 12. Name / Centry Williams	Other conditions
13. Birthplace of md.	(Include pregnancy within 3 months of death)
# ting a Compton	
14. Maiden name.	Major findings of operations.
15. 8irthplace md.	Date of op.
16 Interment Charles Tassett	Autopsy results.
Address Bishop, Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 2 14 14	22. VIOLENCE: It death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which?)	Accident, suicide, or homicide
1 I Capia Comi.	Where did Injury occur?
Cemetery or crematory.	
Location near 1 Dishop 1 124	Injured at home, tarm, Industry, public place (where?)
18. Funeral director Televis Id. Walson	Means of Injury Injured at work?
Address Pocomobil City, M.S.	23. SIGNATURE Arbert S. Cong M
51. 0 12 50 P R.	23. SIGNATURE M. D. or other
19. (Date rec'd by registrar) Registrar	Address 7 and ford well Date signed 2-27-47

7-35

correct age

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. 11.6-6 is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE

VS A15

MARGIN RESERVED FOR BINDING

2411 N. Charles St., Baltimore 31-P

021747 Reg. Dist. No. 3500

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County County County (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME Jellie M. Squelner	3. (b) Social Security Number
6.(b) Name of husband or wife Surface (a.(c) Single, married, widowed, or divorced surface (b) Name of husband or wife Surface (c) If allve, give age years 7. Birth date of	2D. DATE OF DEATH AND DEAT
8. AGE: Years Months Days If less than one day hrs. min. 9. Birthplace Months Coccorde Migrania. (Town, county, and state)	Duration Duration Duration
10. Usual occupation	Due to Dither conditions
14. Maiden name	Major findings of operations
17. (Buylal, cremation, or removed. Whiteh) Cymetery or crematory Location 18. Funeral director Location Date thereof (month) (days) (feat)	22. VfOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
19. March 1 19 47 Anne E Miles Registrar Registrar	23 SIGNATURE. M. D. or other Andress or more lity that Date signed.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore /3/-Qy

1. PLACE OF DEATH: Work (AD)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	state Maryland county Warcisler
City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? A MANA Hospital, Institution, or street address where death occurred:	
How long in above place of death? & Glass	(If outside city or town limits, write R RAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
How long in hospital or institution?	(If rurnl, give LOCATION)
3. (a) FULL NAME Glarge B. Narmon	3. (b) Social Security Number 2/1-16-5886
4. Sex 9. Color or race 6.(a) Single, marfied, widowed, or divorced	MEDICAL CERTIFICATION
male White married	20. DATE OF DEATH TURNING 21 19.47 21 1 PM
8.(b) Name of husband or wife Jama & Hamon	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
8.(c) If alive, give age 4.8 years	2/11/47 19 10 2/21/+7 19
7. Birth date of deceased (mo., day, yr.) Way 2 - 1879	and that I last saw it
8. AGE: Years Months Days If less than one day	Immediate cause of death
67 9 19hrsmin.	Hypertensive Cardio- vaccular renal discuse unknown
a Birthalace Meriank Warrister mel	Due to.
9. Birthplace Pown, county, end states	Due 10.
10. Usual occupation. Transmer	Due to
11. Industry or business	
= 12. Name Polyand Namon	Dther conditions
13. Birthplace Multiplace	(Include pregnancy within 8 months of death)
14. Malden name	
14. Maiden name	Major findings of operations.
1 .M	Autopsy results.
16. Informant W Sularge Auman D	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Show Hull, My Qual #	22. VIOLENCE: tt death was due to external causes, fill in the following:
17. Burish fremetion, or removal, Which?) (Burish fremetion, or removal, Which?)	Accident, suicide, or homicide
Cemetery or crematory Alamon Russel #1	Where did injury occur? (City or town) (County) (State)
Location Newarks (MC)	Injured at home, farm, industry, public place (where?)
	Means of Injury [njured at work?
	P R SIA
Address Andrew Alle YVI	23. SIGNATURE M. D. or other
19. 2/34/ 194/ LEtoy Sewith	Address Stords Hell Bate signed 122/47.



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 9300

1. PLACE OF DEATH:	(E) newborn infants, give residence of mother)
County	
City or town to comoke will	State Maryland County processes
City or town (If outside city or town limits, write RURAL and give nearest towns	City or town
How long in above place of death?	(If outside city or town limita, write RURAL and give news, town)
Hospital, Instilution, or street address where death occurred:	Street No. 5/1 MALLE ST
	(If rufa), give LOCATION)
How long in hospital or institution? 511 Journal ST	2.(a) If veleran, name war
	H2
3. (a) FULL NAME	3. (b) Social Security Number
Viaac Hear	~
4. Sex 5. Color or race 6.(a) Single, married, widgwed, or divorced	MEDICAL CERTIFICATION
Mr. l. Aland Dividance	1 7 11758
Male colored 10 caoura	20. DATE OF DEATH () 19 4 (21 0 10 0) M
alia Man Negro	21. I CERTIFY that death occurred on the date above stated; that I atlended deceased from
6.(b) Name of hueband or wite	Jan 26th 147 Feb Std 1047
(c) If allve, give ageyears	
7. Birth date of	and that I fact saw h
deceased (mo., day, yr.)	Immedia; cause of death DURATION
8. AGE: Years Months Days If less than one day	
83 9 19hrs	4
the think the	DIE
8. Birthplace Morcesler Carrely - Mill	Due to Die to Di
(Town, county, and state)	
1D. Usual occupation	Due to.
11. Industry or busineee Buck	946 10
۳۱ السامة الم	
E 12. Name	Other conditions
\$ 13. Birthplace Mrcloter Couls Mil	. ashown alack orworky
M DAM DE ALL	(Include pregnancy within 8 months of death)
14. Malden name	Major findings of operations.
¥ 15. Birthplace	Date of op.
Lacio Tombas.	
16. Informant	Autopsy results
Address 509 mune ST, low	THISICIAN: Flease underime the cause to which death should be caused without
10. 100 rate / 1017	22. VIOLENCE: If death was due to external causes, fill in the following;
17. Survey sate thereof E.D. C.	Accident, suicide, or homicide
(Burial, cremation, or removal, Which?)	
Cemetery or crematory	Where did injury occur?
Portracke Cely ma	Injured al home, farm, Industry, public place (where?)
Location	7
18. Funeral director Augustian State Control of the	Meane of Injury Injured at work?
De la C.T. ma	1 DX T
Addrees O Commerce Commerce	23. SIGNATURE 2/ 4 Carloscus
706 6 117	M. D. or other
19. Tet 6 19 H Canto Co Nelle (Date rec'd by registrar)	Address Oth Motor Ly / Colle signed 7 th 47



MARYLAND STATE DEPARTMENT OF HEALTH

FRTI	FIC	ATE	OF	DE	TH

2411 N. Cha	arlea St., Baltimore 3-6
CERTIFICA	ATE OF DEATH Reg. Dist. No. 354
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State City of town (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war.
3. (a) FULL NAME Henry P. Hickman	3. (b) Social Security Number
4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE DE DEATH SELECTION 20. DATE DE DEATH SELECTION 18.47, 21.12
6.(b) Name of husband or wife ## Augus Di Nichmann 6.(c) If alive, give age 5 7. Birth date of deceased (mo. day, yr.) 4 114 23 - 1786	and that I last eaw halive on
8. AGE: Years Months Days If lees than one day 9. Birthpiace To Mildelle M	
1D. Usual occupation January	Dus to
11. Industry or business 12. Name VM de Vickman	Dther conditione. arthritis
13. Birthplace \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	(Include pregnancy within 8 months of death) Major findings of operations.
16. Intermant Company Control of	Antopsy results
17. Buyial, cremation, or removal, Which?) Date thereof. (month) (day (year)	22. VIOLENCE: If death was due to external causes, fill in the following;
Location Location	Where did Injury occur?
18. Funeral director Colon Col	Msans of injury injured at work? Cohen M. A.
19. Fub. 17 19.47 Mary M. Taylor (Date rec'd by registrar) Registrar	23. SIGNATURE M. D. or other Address Date signed 177.147.7

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02151 Reg. Dist. No. 355

1. PLACE OF DEATH: Worgester	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town (If outside city or town limits, write RURAL and give nearest town)	State County County City or town A Ocean City
Row long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)
	Street No.
	(If rural, give LOCATION)
How long in hospital or institutioo?	2.(a) If veteran, name war
3. (a) FULL NAME Levre Levren Larman	3. (b) Social Security Number
4. Ser 5. Color or race 6.(a) Single, marriad, widowed, or divorced	MEDICAL CERTIFICATION
male white matries	20. DATE OF DEATH. Full 9 1947, at 10 a. M
6.(6) Name of husband or wife. Docas Jarman	21. I CERTIFY that death occurred on the date above stated; that I attended peceased from
7. Dirth date of 1 (C) If allve, give age 4 8 years	t9to
7. Dirth date of deceased (mo., day, yr.) File 4, 1892	and that I last saw halive on
8. AGE: Years Months Days If less than one day	Instediate cause of death DURATION
5 0 5min.	hountre
9. Birthplace Bules Words On A (Town, county, and state)	Due to
1D. Usual occupation. Tolandaman	Due to
11. Industry or business	
12. Name 2 dward James 4 t3. Birthplace	Dther eonditions
₹ t3. Birthplace	(Include pregnancy within 3 months of death)
H 14. Maiden name Bessie Confin	(Include pregnancy within 3 months of death)
S 15. Birthplace Md	Major findings of operations
m d d	
Address Ocean Com med CJD	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.
0 1 1 1 1 1 1 1 1 1	22. VIOLENCE: If death was due to external causes, fill in the following:
17	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location Bulling many	Injured at home, farm, Industry, public place (where?)
16. Funeral director.	Means of Injury Injured at work?
Address Bullin mil	As SIGNATURE TO THE TOTAL THE ENAME EN AM
19. 2-11- 1947 Helm F- Haywan registrar	Address Drowt File Dr Date signed 2/9/47

AND RESIDENCE OF THE RE 87 from 10 may Sec. of

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 30.

CERTIFICATE OF DEATH

02152

35/6

1. PLACE OF BEATH: WOLCHELD	(For newborn infants give residence of mother)
County	State Mary County Marcestos
(If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death? 32 years	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death oggerred:	(
V	Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) II veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Taul M. romson	Monl
4. Sex 5. Color or race 6. (a) Single, plaried, widowed, or divorced	MEDICAL CERTIFICATION
Male talloud Dingle	20. DATE OF DEATH MILLIANS 15 19.4.7. al 10g. N
& (b) Name of husband or wife	21. I CFRTIFY Mat death occurred on the date above stated; that I atjended deceased from
	Mly 1 1944, 10 Feb 15 1947
7. Birth date of	and Nat I last saw here alive on Jebs 14 19.4.7
deceased (mo., day, yr.) 6/4/94	Immodiate cause of death DURATION
8. AGE: Years Mooths Days It less than one day	Cleute Gulmonen Edena Ink
50 h 11hrs	
The Man Sand	al santiania Carlin
9. Birthplace J. M.J. M. (Bown, county, and state)	Due to
Shan all	valleular senar squestore 10 grs.
1D. Usual occupation	Due to
11. Industry or business	f f
12. Name Damuel Tomos	Other conditions Syphilis
12. Name	
	(Include pregnancy within 3 months of death)
14. Maiden name // aggs of masouf	Major findings of operations
E 15. Birthplace / Maryland	Date of op.
1100 min to tolom pel	Autopsy results.
16. Intermant	PHYSICIAN: Please underline the caose to which death should be charged statistically.
Address Mon New Miles	22. VIOLENCE: 11 death was due to external causes, fill in the following:
17 15 Midb Date thereof Olet 18147	Accident, suicide, or homicide
(Hurfal, cremation, or removal, Which?) (month) (day (year)	A III
Cemetery or crematory Aults Chulle	Where did Injury occur?
Location MISSIN HILLS MIG	Injured at home, farm, Industry, public place (where?)
	Means of Injury Injured at work?
18. Funeral director Adda O' post post of the state of th	1 2 4 0 2 400 000
Address Andry Klille Mg	1 - He the Namar & MP.
5015 117 PD 10 AL	23. SIGNATURE M. D. or other
(Date rec'd by recistrar) (Date rec'd by recistrar)	Address Snaw Kell - Date signed - 15-47



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

3510

CERTIFICA	Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Slafe. County County County City or town. (If outside city or town limits, write RURAL and give nearest town) Streel No. (If rurs!, give LOCATION) 2.(a) If veteran, name war.
How long in hospital or institution?	2.(d) IT veteran, name war
3. (a) FULL NAME 1 Sold of race (5. (a) Singly, marked, widowed, or divorced	3. (b) Social Security Number MEDICAL CERTIFICATION
nemale balanced Widowid	20. DATE OF DEATH ON LENGTH 19 19 47 at 130
6.(b) Name of husband or wife. Somme M. Sommelows	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	19 19
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION DURATION
801 3, 44hrshrs.	That sucum
9. Birthplace J. LOJA J.	Due 10
10. Usual occupation. Hattelitte	Due to
11. Industry or business Swall frame Soac Bretting	Diher conditions.
X 13. Birthplace Manylanch	(include pregnency within 3 months of deeth)
E 14. Maiden name. Proposition	Major findings of operations.
HE 14. Malden name. Probleman 15. Birthplace	Date of op.
16. Informant But, amost f. Dompor	Autopsy results
Address Menteres, my And 347	22. VIOLENCE: if death was due to external causes, fill in the following:
17. (Buylal, eremetion, or removal. Which?) Bate thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory of Colffinings	Where did Injury occur?
Location As SACILITAL	Injured at home, farm, Industry, public place (where?)
18. Funeral director Affalia 6. Alymnia	Means of Injury Injured at work?
Address Show Nell My	23. SIGNATURE OLIV & Kiley Deps. Trees Expanse
19. (Date rec'dby registrar) Registrar Registrar	1 The man 2/19/47



PLEASE

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (332) CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (Egg newborn infants give residence of mother)
County County	Magazilland (ATTM of ATTM
(If outside city or town limits, write RURAL and give nearest town)	State County County
How long in above place of death?	City or town. (If outside city or town limits, write RURAL and give ucarest town)
Hospital, Institution, or street address where death occurred:	(It outside city or town limits, write RUKAL and give dearest town)
	Street No. (If rural, give LOCATION)
How long in hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Muni frace MC	-002
4. Set 5. Color or race 6.(α) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Fruel white married	Feb 11 117 3300
Carried Totals	20. DATE OF DEATH LES 1/ 19.47, at 3.309. M
6.(6) Name of husband or wife Lavin J. Mc Love	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
26	19. , to 19
7. Birih date of	and that I last saw halive on19
deceased (mo., day, yr.)	Lampediate cause of death
8. AGE: Years Months Days If less than one day	Sugardial des surelier
76 7 6hrsmin.	of the heart
a structure married made	Due to.
9. Birthplace (Fown, eounty, and state)	ove to.
1D. Usual occupation.	
	Due 10
11. Indostry or business	
12. Name Dusch 13. Birthplace Wwart m	Other conditions
≥ 13. Birthplace / grycart / h	(Include pregnancy within 3 months of death)
14. Maiden name Torturise Duris	
15. Birthplace Transpare My.	Major findings of operatious.
2) 13. Biringlace	Daie of op.
16. Informant	Autopsy results
Address Williams For Del.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Buneal 7 th 14 1947	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, eremation, or removal. Which?) Date thereof (mouth) (day) (year)	Accident, suicide, or homicide
Cemelery or crematory QOF Cemeting	Where did injury occur?
13 . 1 . 4 . 101. 201	
Location	Injured at home, farm, Industry, public place (where?)
18. Fuoeral director M. Valena Walson	Means of Injury Injured at work?
Address Sellywelle 1018	10 / / 12.7
Walless The State of the State	23. SIGNATURE TO COLLA A. I CLEY AND My Cyan
1, 2-13 1,47 Nelen 7. Name	M. D. or other
(Dats rec'd by registrar) Registrar	Address Date signed 2 11

m Walson.



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 25

02155

80 pg	2411 N. Charle	ea St., Baltimore	3,00
correct	CERTIFICAT	TE OF DEATH	Reg. Diat. No. 3510
ormation carefully. The cordeath clearly and legibly.	1. PLACE OF DEATH: County	1 O Dudlot	nty MALGAL and give nearest town)
cle	How long in hospital or institution?	2.(a) 11 veteran, name war	70
	3. (a) FULL NAME Collen Jurner		3. (b) Social Security Number
	4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	4//	ERTIFICATION
tem of	Jemale Goland Manney	20, DATE OF DEATH OLL BUILDING	
ry i	8.(b) Name of husband or wife. I Manage Mana	21. JEERTIFY that death occurred on the date abo	+7, 10 +86 9 1949
1 pm	deceased (mo., day, yr.) Oct 6 - 1906	Immediate cause of death	
Supp	8. AGE: Years Months Days If less than one day 40 4 3	Status Epilep	
ADING INK. Physicians: pl	9. Birthplace (Town) county, and atate)	Due to Eplepsy	19800
NG	10. Usual occupation.	Due to	
ADII Phys	11. Industry or business Tun Home 12. Name Moss Castery	Dither conditions.	
E T	13. Birthplace Mary and		
WITH UNI	# 14. Maiden name ablace B. Otology	(Include pregnancy within 3 r	
TI.	15. Birthplace , Maryland	Major findings al aperations.	
Y, Illy	16. Informant Sussie & Coston Address Sundentier M9 20	Antapsy results	
PLAINLY is especiall	17. Buylal, cremation, or removal. Which?) Date thereof. Mit. 1747 (month) (day) (year)	22. VIOLENCE: If death was due to external cau Accident, suicide, or homicide	Date ot
WRITE	Location Common Common Milliam Common Milliam	Where did Injury occur? (City or town) Injured at home, farm, industry, public place (w)	
W	Wa 8 12 11 0	Means of injury	lajured at work?
PLEASE	Address Snow Held My	23. SIGNATURE Saul	(Ser W.D
PL	19. Date rec'dby registrar) 19 7 REDay Seculth	Address Snow H	M. D. or other Date signed 2/11/47



WRITE

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore CERTIFICATE OF DEATH

112156

		000	,	
	1		Reg.	
	of the last		Reg.	Die

Dist. No. 3500

8. AGE: Years Months Days If less than one day 9. Birthplace Palance Caty Mark Caty Markey L. Cathod 10. Usual occupation PAR C Rail Rand Markey 11. Industry or business 12. Name Due to Due to Dither conditions 13. Birthplace Palanck Caty (Coulded pregnancy within 8 months of death)	
City or town. (If outside city or town limits, write RURAD and give nearest town) How long in above place of death? Aspital, institution, or street address where death occurred: Sireet No. (If rural, give LOCATION) 2.(a) If veteran, name war 3. (b) Social Security Number 3. (c) FULL NAME 3. (b) Rame of husband or wife	************
City or town (If outside city or town limits, write EURAL as give nearest town)	*****
How long in above place of death? Hospital, institution, or street address where death occurred: Street No. (If rural, give LOCATION) 3. (a) FULL NAME 3. (b) Social Security Number 3. (c) FULL NAME 4. Sex 5. Color or race) 6. (a) Single, martist, widowed, or divorced Male 1. Death 194. 7. a. 20. DATE OR DEATH 2. 194. 7. a. 21. I DEATH 16 death occurred on the date above stated; (first) attending deceased from day, yr.) May 15 - 1878 8. AGE: Years Months Days If less than one day 10. Usual occupation. P. Birthplace. P. Control of County And attact. Due to. Dither conditions.	
Street No. (If rural, give LOCATION) How long in hospital or institution? 3. (a) FULL NAME 3. (b) Social Security Number 4. Sex 5. Color or race) 6. (a) Single, marfield, widowed, or divorced Widness 6. (b) Name of husband or wife 5. (c) If allive, give age 7. Birth date of deceased (mo, day, yr.) 8. AGE: Years Months 9. Birthplace 10. Usual occupation 11. Industry or business 12. Name 13. Birthplace 14. Name 15. Color or race) 15. Color or race) 16. (a) Single, marfield, widowed, or divorced 20. DATE OF DEATH 21. I DERTIFY final death occurred on the date above stated; (Mr.)) attended deceased from day and that last saw high. 2 live Can. 15. Industry or business 16. Color or race) 17. Name 18. AGE: Years Months 18. AGE: Marie Color or race) 19. Due to 11. Industry or business 11. Industry or business 12. Name 13. Birthplace 14. Name 15. Color or race) 15. Color or race) 16. (a) Single, marfield, widowed, or divorced 19. Due to 19. Due to 11. Industry or business 11. Industry or business 12. Name 13. Birthplace 14. Name 15. Color or race) 15. Color or race) 16. (a) Single, marfield, widowed, or divorced 17. December 19. Single of the color of the date above stated; (Mr.)) attended deceased from day to the date above stated; (Mr.)) attended deceased from day to the date above stated; (Mr.)) attended deceased from day to the date above stated; (Mr.) attended deceased from day to the date above stated; (Mr.) attended deceased from day to the date above stated; (Mr.) attended deceased from day to the date above stated; (Mr.) attended deceased from day to the date above stated; (Mr.) attended deceased from day to the day to	n)
How long in hospital or institution? 3. (a) FULL NAME 3. (b) Social Security Number 4. Sex 5. Color or race 6. (a) Single, martist, widowed, or divorced Widowed, or divorced Widowed, or divorced Widowed, or divorced 20. DATE OF DEATH. 21. I DERTIF I that peath occurred on the date above stated; Wall attended deceased from the date above stated; Wall attended the date above stated; Wall atte	
3. (a) FULL NAME 4. Sex 5. Color or race 5. Color or race 5. (a) Single, martidly, wildowed, or divorced Widness 6. (b) Name of husband or wife 5. (c) If allve, give age years 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 9. Birthplace Property of the first that the first	
4. Sex 5. Color or race 6. (a) Single, market, widowed, or divorced Male Cal Widower 6. (b) Name of husband or wife.	
6.(b) Name of husband or wife	
8. (b) Name of husband or wife	P
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 9. Birthplace Polomok (the Months of death) 10. Usual occupation PAR Rail Roand worker 11. Industry or business 12. Name Office Rail Roand worker 13. Birthplace Polomoke (the Months of death) 13. Birthplace Polomoke (the Months of death)	1947
8. AGE: Years Months Days If less that one day 68 7 24 hrs. min. 9. Birthplace Paramak City Market Control (Town, county and state) 10. Usual occupation. PAR P. Rail Road worker 11. Industry or business 12. Name Description Other conditions. 13. Birthplace Paramake City (Township & months of death)	19.547
9. Birthplace Polomok (ity Mars, min. 10. Usual occupation PAR R Rail Road worker 11. Industry or business 12. Name Observation Paramake (ity) 13. Birthplace Polomoke (ity) (Include premancy within 8 months of death)	URATION
9. Birthplace Polomok City Market Cohod 10. Usual occupation Ph. Rail Rand worker 11. Industry or business 12. Name Other Conditions 13. Birthplace Polomoke City (Colodo premancy within 8 months of death)	
(Town, county and state) 10. Usual occupation	ays
11. Industry or business 12. Name State Company within 8 months of death) 13. Birthplace Polomoke City (Include pregnancy within 8 months of death)	0
12. Name Officer Listory 13. Birthplace Polomoke City (Include pregnancy within 8 months of death)	Lays
(Include pregnancy within 8 months of death)	
(Include pregnancy within 8 months of death)	
(Include pregnancy within 8 months of death)	
14. Malden name. Major findings of operations. 15. Birthplace Peconage City Md Date of op.	
E 15. Birthplace Pocomoho Cily Md	
16. Informant Mrs. Hellon Wrastes Actopsy results	
Address Marion sta Md RF DI bot 10 4 PHYSICIAN: Please underline the cause to which death should be charged statistics	lly.
17. Little Grand Date thereof Tile 9 1947 (Burial, cremation, or removal, Which?) Date thereof Tile 9 1947 (month) (day) (year) Accident, suicide, or homicide	
Cemetery or crematory Mariat Jon (County) (County) (State	
(Assert Same A Company of the Manual of the	
Location (Manager at nome, tarm, industry, public place (wherer)	
18. Funeral director. A flished to the first	
Address Marton Sta May 1 23. SIGNATURE 1. Along My	
19. Telt 7 19 47 Anne & Mute Registrar Address Jacks Standard Charles Signed Address Jacks Manual Charles Signed Address Manual Charles Signed Manual Charles Signed Address Manual Charles Signed Manual	64

FEB 10 1947

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 310

CERTIFICATE OF DEATH

02157

Rog. Diat. No. 350

1. PLACE OF DE	Word	cester		2. USUAL RESIDENCE (HC		
Rural, Pocomoke, Md.			State Maryland	County Worcester	•	
(If outside city or town limits, write RURAL and give nearest town)			City or town Rural,	Pocomoke town limits, write RURAL and give n		
Hau toug in poore bigge				(If outside city or	town limits, write RURAL and give n	earest town)
nospital, institution, or	street address where d	onville	Road	Street No	***************************************	********
***************************************					rurai, give LOCATION)	
	r Institulion?			2.(a) It veteran, name war		
3. (a) FULL NAM		a Jane 1	Waters		3. (b) Social Security	y Number
4. Sex	5. Color or race	6.(a)Single, mari	ried, widowed, or divorced	MEDI	CAL CERTIFICATION	
Female	Colored	Marr	ied	20. DATE DF DEATH	Feb. 14 1947	7 12.20 F
6.(b) Name of husband	Alon	nzo Wat	ers	21. I CERTIFY that dogth occurred on	the date above stated; that I attended de	ceased from
			ive, give age 57	Feb. 11	1947 10 Tel	14 1947.
7. Birth date of	Anni	il 22,		aed that I last saw heralive o	I Felr. 14	19.47
deceased (mo., day,)				Immediate cause of death		DURATION
8. AGE: Years		99	less than one day	Cenebral	Bemarrhage	3 days
56 9 22 hrs. min. s. Birthplace Pocomoke-Worcester-Maryland						
9. Birthplace Poc	comoke-Wo:	rcester	-Maryland	Due to Deperlen	suf Coudio -	5-4s.
Housewife			Herr	ular Disease	•	
10. Usuat occupation.			Oue to Mepleri	ti.		
11. Industry or busines						
12. Name		en Scho		Other conditions		
13. Birthplace	Pocome	oke, Md	•			
Eliza Robinson				(Include pregnance	y within 3 months of death)	
14. Maiden name.		oke, Md	•	Major fiodiogs of operations		••••••
16. Informant	Alonz	o Water	S	Aotopsy results	. 0	***************************************
Address		ville,	Pocomoke, Md	PHYSICIAN: Please underline the	cause to which death should be charge	d statisticaBy.
*7	Buria	L Nate thereat	Feb 17, 1947 (month) (day) (year)		external causes, fill in the following:	
(Burial, cremation	or removal. Which?) Union		(month) (day) (year)		Oate of	
Cemetery or cremato				Where did injury occur?(Cit	y or town) (County)	(State)
Rural, Pocomoke, Md.				t place (where?)		
18. Funeral director	H. Ha:	rvey Br	adshaw	Means of Injury	tnjured at work?	7
Address		oke, Ma:	ryland		: W Hours	11- 1110
Audress	,	1	E 1/1/1	23. SIGNATURE A QUE	is T. scewel	yu nu
19 tel o	25, 1947	Unn	ie Co Thele	Danne	aho Piti	7-18-47
(Date rec'd by re	gistrar)		Registrar	Address	Oate signed	

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baftimore 773

CERTIFICATE OF DEATH

02158

	Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) North Carolina State County County City or town (If outside city or town limits, write RURAL and give nearest town) 1304 Boone Street
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	
William Randolph Weeks	3. (b) Social Security Number
4. Sex 5. Color or race 6.(c) Single, married, widowed, or divorced White US Single	MEDICAL CERTIFICATION 20. DATE OF DEATH. 4 February 19 47 at 18
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Fobruary 25 19 to 19 19 19
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 23 11 18 hrs. min.	and that I last saw h
9. Birthplace	Due to Aircraft Accident
11. Industry or business 12. Name. Unknown	Dther conditions
14. Malden oame. Unknown 15. Birthplace	(Include pregnancy within 3 months of death) Major findings of operations.
≥ 15. Birthplace 16. Informant Health Record	Not performed Date of op.
Address Bureau of Med. & Surg. Wash. DC 17. Renoval (Burial, cremation, or removal. Which?) Date thereof. 2-25-47 (month) (day) (year)	PHYStCIAN: Ptease underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, sill in the following: Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
18. Funeral director	Means of injury Injured at work? Yes
Address	B. J. PONTARELLI, LCDR, (MC) USI
18. 2/2 ST 1847 REPORT Smith (Date rec/li by registrar)	NAAS Chincoteague, Va Date signed. M. D. or other 25-4

